

RURAL UTILITIES SERVICE

Distance Learning and Telemedicine Program Grant Application Guide—Toolkit Fiscal Year 2006 Forms, Worksheets and Certifications

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0096. The time required to complete this information collection is estimated to average 49 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Application Resources & Tips

- **APPLICATION GUIDE:** Please read and follow the *Distance Learning and Telemedicine Program Grant Application Guide—Fiscal Year 2006* as you fill out the forms, worksheets and certifications in this Toolkit.
- **AS YOU FILL OUT OR SIGN EACH OF THE TOOLKIT ITEMS**, place them under the tabs of your grant application as explained by Section V, “Putting It All Together,” of the Grant Application Guide.
- **FILL THE FORMS OUT COMPLETELY.** Missing, incomplete or inaccurate information on ANY of the forms or worksheets can result in your application’s **ineligibility**.
- **REGULATIONS:** The Program’s regulations govern the application process, the *Guide* and this Toolkit. See the Code of Federal Regulations, **7 CFR 1703, Subparts D, E, F and G**. A copy of the regulations is posted at the DLT Web page listed below.
- **CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)** Number: **10.855**
- **ONLINE RESOURCES**

DLT Branch Web page	www.usda.gov/rus/telecom/dlt/dlt.htm
RUS Telecommunications General Field Representatives	www.usda.gov/rus/telecom/staff/gfr-by-state-list.htm
USDA Rural Development State Directors	www.rurdev.usda.gov/recd_map.html
EZ/EC/Champion Community Resources	www.ezec.gov http://www.ezec.gov/ezec/mainmap.html www.ezec.gov/Communit/champions.html
ARC Resources	www.arc.gov
State Single Points of Contact (SPOC)	www.whitehouse.gov/omb/grants/spoc.html
Grants.gov Information	www.grants.gov
Get a DUNs Number	www.grants.gov/RequestaDUNS
Census 2000 Numbers	www.census.gov/main/www/cen2000.html

- **DLT PROGRAM:** (202) 720-0413
dltinfo@wdc.usda.gov

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED mm/dd/yyyy		Applicant Identifier	
<input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		Federal Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY			
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
			Department:		
Organizational DUNS: xxx-xx-xxxx			Division:		
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
			Prefix:		First Name:
City:			Middle Name Middle Initial Only		
County:			Last Name		
State:		Zip Code xxxxx-xxxx		Suffix:	
Country: USA			Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): XX-XXXXXXX			Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input type="checkbox"/> New			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) (only if you chose "N")		
			9. NAME OF FEDERAL AGENCY: Rural Utilities Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.855 TITLE (Name of Program): Distance Learning and Telemedicine Loans and Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Use the Site Worksheet (Attachment to SF 424) or application will be ineligible					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: mm/dd/yyyy		Ending Date: mm/dd/yyyy		a. Applicant Use Site Worksheet (Attach. to SF 424) or application will be ineligible	
				b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$		a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: mm/dd/yyyy b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE		
b. Applicant	\$				
c. State	Do not use this space				
d. Local	Do not use this space				
e. Other					
f. Program Income	Do not use this space		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$		Yes If "Yes" attach an explanation. No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name Middle Initial Only	
Last Name				Suffix	
b. Title				c. Telephone Number	
d. Signature of Authorized Representative				e. Date Signed mm/dd/yyyy	

FY 2006 Distance Learning & Telemedicine Toolkit

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> "New" means a new assistance award. "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <div style="display: flex; justify-content: space-between;"> A. Increase Award C. Increase Duration </div> 	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

Site Worksheet (Attachment to SF-424)

- Column 1. For each Hub, combined Hub/End-User, and End-User site, show its complete official name (and abbreviation should you choose to use one). Each site name (or abbreviation) must be used consistently throughout the balance of your application. Below the site name, show the complete street address. The address must be one to which an ambulance can be directed or to which a package can be delivered by a shipper so that we can verify the site location. If the only address available for a site is a PO Box, Star Route, or Rural Route, give that address supplemented by the precise latitude and longitude (DD/MM/SS).
- Column 2. For each site, show how you designate the site. *i.e.*, as a Hub, a Hub/End-User, or End-User. See the *Application Guide*.
- Column 3. Show the County in which the site is located
- Column 4. Show the School District in which the site is located.
- Column 5. Show the U.S. Congressional District in which the site is located (example: 5th Dist, Michigan, would be written as MI-05.)

	1. Complete Site Name (Abbreviation, if any) Complete Street Address (& DD/MM/SS if needed, see instructions)	2. Site Designation	3. County	4. School District	5. U.S. Congr. District
1					
2					
3					
4					
5					

You are not restricted to 5 sites. A continuation sheet follows this page. If you have many sites, use as many continuation sheets as you need.

Place this sheet behind SF-424 under Tab A of your Application

Site Worksheet (Continuation)

	1. Complete Site Name (Abbreviation, if any) Complete Street Address (& DD/MM/SS if needed, see instructions)	2. Site Designation	3. County	4. School District	5. Cong. District

Place this sheet behind SF-424 under Tab A of your Application

Rurality Worksheet

(See the Rurality section of the *Application Guide*)

Definition from Regulation (7 CFR 1703)	Population	Points
Exceptionally Rural - Any area of the United States NOT included within the boundaries of any incorporated or unincorporated city, village, or borough having a population in excess of 5,000 inhabitants .	5000 or fewer	45
Rural - Any area of the United States included within the boundaries of any incorporated or unincorporated city, village, or borough having a population over 5,000 and not in excess of 10,000 inhabitants .	5001 - 10,000	30
Mid-Rural - Any area of the United States included within the boundaries of any ... (same as Rural) ... over 10,000 and not in excess of 20,000 inhabitants .	10,001 - 20,000	15
Urban Area - Any area of the United States included within the boundaries of any ... (same as Rural) ... in excess of 20,000 inhabitants .	20,001 or more	0

Enter each hub, hub/end-user, and end-user site in the table below placing them in the same order as on the *Site Worksheet and NSLP Worksheet*. Identify the site by type. Provide data for hubs. Although pure hubs are not part of the calculation, the Agency will need this data if it determines that the site is actually a hub/end-user. Place pure hubs at the beginning of the list separated by a space and do not include them in your estimated *Rurality* score. Use the table above to determine points for each site. To document the numbers, attach 2000 Census Fact Finder and map printouts for each site behind this worksheet. If a site is outside a place designated by the census, so indicate. (For details on documenting census data, see the *Application Guide*.) **Any end-user site without verifiable census documentation will be evaluated as urban (zero points)**. Remember that your sites must be consistent throughout the application including on the *Rurality* and *NSLP Worksheets*, the *Site Worksheet*, the *Executive Summary*, the *Telecommunications System Plan*, and the *Budget*. **If the end-user sites are not consistent, your application is not scorable and will be returned as ineligible.**

	Site Name (Same as <i>Site and NSLP Worksheets</i>)	Site Type (Hub, etc.)	Census 2000 Designation	Census 2000 Population	Rurality Points
1					
2					
3					
4					
5					

Applicant's Estimated Rurality Score (Sum of Rurality Points ÷ # of End-User Sites)	
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Rurality Score (For Agency Use)	
---	--

You are not restricted to 5 sites. A continuation sheet follows this page. If you have many sites, use as many continuation sheets as you need. Be sure to indicate your estimated *Rurality* score for all end-user sites on this sheet.

Place this sheet and supporting documentation under Tab E-1 of your Application

Rurality Worksheet (Continuation)

[illegible]

Place this sheet with behind the *Rurality Worksheet* under Tab E-1 of your Application

NSLP (National School Lunch Program) Worksheet

(See the NSLP Section of the *Application Guide*)

Decision Table	Is site Eligible for NSLP?	Use NSLP % for Specific School	Use NSLP % for School District where site located
Type of End-User			
A Public School (K-12)	Yes	Yes	No
A Private School (K-12)	No	No	Yes
A College or Other Educ. Org.	No	No	Yes
All Others - Hospital, Public Library, Clinic, etc.	N/A	No	Yes

Scoring Table	Points
NSLP Eligibility %	
NSLP < 25%	0
25% ≤ NSLP < 50%	15
50% ≤ NSLP < 75%	25
NSLP ≥ 75%	35

Enter each hub, hub/end-user, and end-user site in the table below placing them in the same order as on the Site Worksheet and Rurality Worksheet. Identify the site by type. Provide data for hubs. Place pure hubs at the beginning of the list separated by a space and do not include them in your estimated NSLP score. The Decision Table above shows whether to enter specific school or district information for each site. Remember that your sites must be consistent throughout the application. **If the end-user sites are not consistent, your application is not scorable and will be returned as ineligible.**

Applicants must document each site's percentage with a certification from the organization that administers the NSLP in your area that the data is accurate and the most recent available. Provide contact information for that organization. Some official NSLP data is posted on state websites. If so, you may provide printouts from these sites and enter the URL in column four. Data from unofficial websites is not acceptable. Place all NSLP certifications and any other documentation behind this Worksheet. **Any site without verifiable documentation will be evaluated at zero percent eligibility.**

	Site Name (Same as Site & Rurality Worksheets)	Site Type (Hub, etc.)	Total Students	% Eligible	Contact Information (Name & phone or-URL)
1					
2					
3					
4					
5					
Average NSLP (Sum of NSLP Percentages ÷ # of Sites & then rounded to an Integer)					

Applicant's Estimated NSLP Score (Enter Points from Scoring Table)
--

NSLP Score (for Agency Use)

You are not restricted to 5 sites. A continuation sheet follows this page. If you have more sites, use as many continuation sheets as you need. Be sure to indicate your estimated NSLP score for all end-user sites on this sheet.

Place this sheet and supporting documentation under Tab E-2 of your Application

NSLP Worksheet (Continuation)

[illegible]

Place this sheet behind *NSLP Worksheet* under Tab E-2 of your Application

(See pp 30-32 of the *Application Guide*)

[illegible]

Budget Summary

A.	Overall DLT Project Budget (Sum of Overall Budget Extended Costs)	
B.	Less Proposed Cash Match (as documented under Tab E-3)	
C.	Less Proposed In-Kind Match (from <i>In-kind Match Worksheet</i>)	
D.	Less Other Funds (from <i>Other-Funds Worksheet</i>)	
E.	DLT Grant Request (A - B - C - D = E)	

Line A is the sum of all DLT project extended costs as shown on this page and any continuation sheets. Line B is the total proposed cash match. Lines C and D come from the *In-Kind Match* and *Other Funds Worksheets*. Remember to document all matching funds under Tab E-3 of your application. Proposed matching funds not documented under Tab E-3 will not be credited as an eligible match.

Place this worksheet under Tab D-2 of your Application

Overall Budget Worksheet (Continuation)

[illegible]

A.	Overall DLT Project Budget:	
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↑

Enter this number on line A of the *Budget Summary* on the *Overall Budget Worksheet*

(make as many copies of this sheet as you need)

Place this worksheet under Tab D-2, Budget

(See pp 30-32 & 43 of the *Application Guide*)

[illegible]

If in-kind items are proposed as match, enter this number on line C of the *Budget Summary* on the *Overall Budget Worksheet*

T12

(See pp 30-32 of *Application Guide*)

[illegible]

D.	Total Proposed Other Funds:	
----	-----------------------------	--

Enter this number on line D of the *Budget Summary* on the *Overall Budget Worksheet*

(make as many copies of this sheet as you need)

Place this worksheet behind the *Overall Budget Worksheet* under Tab D-2

Leveraging Worksheet

(Matching Funds - See the *Application Guide*)

- The applicant must demonstrate an eligible match of at least 15% of the grant request. This is a DLT Grant Program requirement.
- To be an eligible match, the proposed match must be for eligible purposes. If the Agency cannot fund an item if it were in the grant request, we cannot accept it as match.
- As an applicant, you submit a proposed match and estimated score. The eligibility of the match and actual score is determined by the Agency.
- You must document your matching funds as described in the *Application Guide*. Place letters of financial commitment and other match documentation along with this form under TAB E-3 of your application package. **Matches not properly documented under Tab E-3 will be removed from your proposed match budget. Depending on the nature and extent of the reduction, this could lower your *Leveraging* score or make you project ineligible for funding because of insufficient matching funds (*i.e.*, less than 15%). It might also make your project ineligible because without the matching funds, the project is technically or economically unfeasible.**

Leveraging Points are awarded as follows:

Eligible Match as a % of Eligible Grant Request:	Points
15% < Match % ≤ 30%	0
30% < Match % ≤ 50%	15
50% < Match % ≤ 75%	25
75% < Match % ≤ 100%	30
Match > 100%	35

1. Total **proposed matching** contributions: \$ _____

2. Total **DLT Grant** requested: \$ _____

3. Match as Percent of Grant Request: _____ %
(Line1 divided by line 2 times 100.)

Applicant's Estimated *Leveraging* Score
(Enter Points from Scoring Table)

***Leveraging* Score**
(For Agency Use)

Place this sheet and supporting documentation under Tab E-3 of your Application

EZ/EC Worksheet

(USDA EZ/EC and Champion Community Worksheet)

(See the EZ/EC Section of the *Application Guide*)

If any of your sites are located in a USDA Rural Empowerment Zone, USDA Enterprise Community or USDA Champion Community, your application may be eligible for points in this category. Check these websites for USDA designated areas:

www.ezec.gov/ezec/mainmap.html
www.ezec.gov/Communit/champions.html

Ten points can be earned if at least 1 end-user site is within an EZ/EC. (Additional sites located in that or another EZ/EC do not earn additional points.) Five points can be earned if at least 1 end-user site is in a Champion Community. (Again, additional sites located in that or another Champion community do not earn additional points.) The maximum score an applicant can earn in this category is fifteen points for having at least one site in an EZ/EC and another site in a Champion Community. Remember that the two categories are mutually exclusive. There are no areas that are both an EZ/EC and a Champion Community so one site can not earn all fifteen points.

List end-user sites that are in either an EZ/EC or Champion Community in the appropriate table below. Any end-user site shown on this *Worksheet* must be consistent with the sites shown on the *Rurality* and *NSLP Worksheets*. To document the EZ/EC or Champion Community status of the sites, **place printouts from the USDA websites shown above behind this *Worksheet* under Tab E-4. If not documented under Tab E-4, no points will be awarded in this category.** USDA EZ/EC designations use Census tracts. The Census tract information for each EZ or EC is available at the Web page listed above. You **must** supply the Census tract information if you wish to claim either EZ or EC status.

	End-User Site Name	EZ/EC Name	Census Tract
1			
2			
3			

	End-User Site Name	Champion Community Name
1		
2		
3		

Applicant's Estimated EZEC Score (Enter Points from Scoring Table)	
--	--

EZEC Score (For Agency Use)	
---------------------------------------	--

Place this sheet and supporting documentation under Tab E-4 of your Application

Additional NSLP Worksheet

(See the NSLP Section of the *Application Guide*)

The NSLP eligibility percentage on our *NSLP Worksheet* (Tab E-2) is: _____

If this percentage is under 50%, and you believe your NSLP eligibility percentage does not accurately reflect the economic conditions in your area compared to other areas with similar eligibility percentages, you have the option to request additional points here. (If the eligibility on your *NSLP Worksheet* is 50% or higher, but you suspect that the percentage could drop below 50% after Agency review of your application, you may also request these points. Such a request will be acted upon only if your final *NSLP eligibility* is below 50% as determined by the Agency.) Points awarded by the Agency in this category, if any, are based on the supporting information provided. Attach your supporting documentation behind this worksheet under Tab F-1.

Requests for *Additional NSLP* will not be considered if not accompanied by supporting documentation (i.e., no *Additional NSLP* points will be awarded).

I hereby request additional NSLP Points and have attached documentation behind this Worksheet to support my request.

Signature of Authorized Representative

(Same person who signed the SF - 424, *Application for Federal Assistance*)

Date

Additional NSLP Points (for Agency Use)	
---	--

Place this sheet and supporting documentation under Tab F-1 of your Application

Equal Opportunity and Nondiscrimination Certification

All grants made under 7 CFR 1703 are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, as amended, (7 CFR 15); Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 901 *et seq.*; 7 CFR 15b); and the Age Discrimination of 1975, as amended (42 U.S.C. 6101 *et seq.*; 45 CFR 90), and as amended by Executive Order 11375 Amending Executive Order 11246, Relating to Equal Employment Opportunity (3 CFR, 1966, 1970 Comp., p. 684).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above laws and executive orders to the effect that no person in the United States shall, "on the basis of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the RUS Distance Learning and Telemedicine Loan and Grant Programs."

The _____ (Grantee)
hereby certifies that, as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, it will comply with the above referenced laws, regulations and Executive Orders.

Date

Signature

Type or Print Name

Title

Certificate Regarding Architectural Barriers

All facilities financed with RUS grants that are open to the public, or in which physically handicapped persons may be employed or reside, must be designed, constructed, and/or altered to be readily accessible to and usable by handicapped persons. Standards for these facilities must comply with the Architectural Barriers Act of 1968, as amended (42 U.S.C. 4151 *et seq.*), and with the Uniform Federal Accessibility Standards (UFAS), (Appendix A to 41 CFR subpart 101-19.6).

As a prospective primary participant recipient of financial assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements of the above referenced law to the effect that all facilities must be readily accessible to and usable by handicapped persons.

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Grant and Loan Program, it is in compliance, or will be in compliance upon completion of the project, with the above referenced law.

Date

Signature

Type or Print Name

Title

Certificate Regarding Flood Hazard Area Precautions

In accordance with 7 CFR 1788, if the project is in an area subject to flooding, flood insurance must be provided to the extent available and required under the National Flood Insurance Act of 1968, as amended by the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. 4001-4128). If applicable, the insurance must cover, in addition to the buildings, any machinery, equipment, fixtures, and furnishings contained in the buildings. RUS will comply with Executive Order 11988, Floodplain Management (3 CFR, 1977 Comp., p. 117), and 7 CFR 1794.41, of this chapter in considering the application for the project.

Please check the appropriate line below:

___ a) The project is not located in a 100-year flood plain; therefore, no Flood Insurance is required.

___ b) The project is located in a 100-year flood plain and the required insurance is or will be provided by:

The _____ (Grantee) hereby certifies, that, as a prospective recipient under the Distance Learning and Telemedicine Loan and Grant Program, it is in compliance, or will be in compliance during construction and/or installation of equipment and upon completion of the project, with the above referenced law.

_____	_____
<i>Date</i>	<i>Signature</i>

	<i>Type or Print Name</i>

	<i>Title</i>

***Uniform Relocation Assistance and Real Property
Acquisition Policies Act of 1970 Certification***

The _____ (Grantee)
assures that it will comply with the Uniform Relocation Assistance and Real Property
Acquisition Policies Act of 1970 (Uniform Act) as amended, 42 U.S.C. 4601-4655, and
with implementing Federal regulations in 49 CFR 24 and 7 CFR 21.

Specifically, the _____ (Grantee)
assures that:

Whenever Federal financial assistance is used to pay for any part of the cost of a
program or project which will result in the displacement of any person;

- (a) Fair and reasonable relocation payments and assistance shall be provided
to or for displaced persons in accordance with sections 202, 203, and 204 of
the Uniform Act,
- (b) Relocation assistance programs offering the services described in section
205 of the Uniform Act shall be provided to displaced persons, and
- (c) Within a reasonable period of time prior to displacement, comparable
replacement dwellings will be available to displaced persons in accordance
with section 205(c) (3) of the Uniform Act.

Date

*Signature of President or Authorized Official of
Ultimate Recipient*

Certification Regarding Drug-Free Workplace Requirements for Grantees Other than Individuals

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 *et seq.*), 7 CFR 3017.600.

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction;
- (e) Notifying the Agency in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:

Street Address

City

County

State

Zip Code

_____ **Check if there are workplaces on file that are not identified here.**

Organization Name

Name and Title of Authorized Representative

Signature

Date

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Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR 3017.510.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name and Title of Authorized Representative

Signature

Date

Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (Copies of this form may be obtained from RUS.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

<i>Organization Name</i>	

<i>Name and Title of Authorized Representative</i>	
_____	_____
<i>Signature</i>	<i>Date</i>

Non-Duplication of Services Certificate

As a prospective primary participant recipient of assistance from RUS, this organization commits to carry out RUS' established policy to comply with the requirements that no facilities using financial assistance will duplicate adequate established telemedicine services and/or distance learning services.

The _____ (Grantee) hereby certifies that as a prospective recipient under the said Distance Learning and Telemedicine Loan and Grant Program, that it will not use RUS grant funds to duplicate any adequate established services as referenced above.

Date

Signature

Type or Print Name

Title

Environmental Impact Certification

Environmental Project Summary:

(This description should encompass all construction in the project, no matter the source of funding. It should provide details of how the project will affect the environment (wetlands, farmlands, floodplain, cultural environment, endangered species, environmental quality, and historic preservation). If additional space is needed, continue on white bond paper and attach to this certification.)

CERTIFICATION

I hereby certify that the construction proposed in this application will not adversely impact the environment or historic preservation.

(Signature and Date)

(Print or Type Title)